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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<i>#</i> )
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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Blue Ar	ngel Catering, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: Ev	ette Montague Nam	e (Printed or typed)	
	4051 SW Alice Street	(Control of types)	
		Address	
	Port Saint Lucie, FL 34953	, State & Zip	
	954-444-2454 Daytime	Telephone number	·

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

NAME ARTICLE I

The name of the corporation shall be:

Blue Angel Catering, Inc.

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PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 4051 SW Alice Street - Port Saint Lucie, FL 34953

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is: Home Catering Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Evette Montague

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Evette Montague - 4051 SW Alice Street - Port Saint Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Evette Montague - 4051 SW Alice Street - Port Saint Lucie, FL 34953

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

ignature/Regist

Signature/Incorporator